
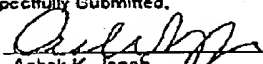


## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: Krasnov et al	Group No: 1745
Application No: 09/815,886	Examiner: Julian A. Mercado
Confirmation No: 7371	Attorney Docket No: FRNT.4.US
Filed: March 22 <sup>nd</sup> , 2001	Monday, June 28, 2004
For: THIN FILM BATTERY AND METHOD OF MANUFACTURE	San Francisco, CA 94107

VIA FACSIMILE (703) 872-9306 Commissioner for Patents	<b>Extension of Time</b> C. Applicant petitions for an extension of time under 37 C.F.R. 1.136		
<b>Papers Enclosed</b>  <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Corrected Sheet of Drawings <input type="checkbox"/> Supplemental Information Disclosure Statement <input type="checkbox"/> PTO-1449 Form <input type="checkbox"/> Citations <input type="checkbox"/> Declaration/Affidavit <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Postcard for Return	<b>Extension (Months)</b>	<b>Extension Fee</b>	
		<b>Large Entity</b>	<b>Small Entity</b>
	<input type="checkbox"/> One Month	\$110.00	\$55.00
	<input type="checkbox"/> Two Months	\$420.00	\$210.00
	<input type="checkbox"/> Three Months	\$950.00	\$475.00
	<b>Total \$ 0.00</b>		
	<input checked="" type="checkbox"/> Applicant believes that no extension of term is required. However, this conditional petition is being made in case applicant has inadvertently overlooked the need for a petition for extension of time.		

Fees for Extra Claims						
	Claims remaining after amendment	Highest number previously paid for	Number Extra	Rate		Additional Fee
				Large Entity	Small Entity	
Total Claims	43	43	0	\$18.00	\$0.00	\$0.00
Independent Claims	8	8	0	\$86.00	\$43.00	\$0.00
Multiple Dependent Claims				\$290.00	\$145.00	\$0.00
Supplemental Information Disclosure Statement						
Total						\$0.00

<b>Fee Payment</b>		<b>Fee Deficiency</b>	
Extension Fees	\$0.00	<input checked="" type="checkbox"/> If any additional extension and/or fee is required, please charge Deposit Account No. <u>10-0258</u> .	
Fees for Extra Claims	\$0.00	and/or	
Total	\$0.00	<input checked="" type="checkbox"/> If any additional fee for claims is required, please charge Deposit Account No. <u>10-0258</u> .	
<input type="checkbox"/> Attached is check no. _____ in the sum of \$0.00. <input type="checkbox"/> Please charge Deposit Account No. <u>10-0258</u> in the sum of \$0.00.		Please direct all calls to: Ashok K. Janah at (415) 638-1555.	
<b>CERTIFICATE OF TRANSMISSION (37 C.F.R. § 1.8a):</b>		Please continue to send correspondence to:	
I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office, on the date shown below, via Fax No. (703) 872-9306.		Janah & Associates, P.C.	
By:  Date: June 28, 2004		650 Delancey Street	
Hilde Susan Jaegins		Suite 106	
		San Francisco, CA 94107	
		Respectfully Submitted,	
		By:  Date: June 28, 2004	
		Ashok K. Janah	
		Registration No. 37,487	

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